

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

Division/Unit: Public Health Services/Maternal, Child & Family Health Services

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	88	Hours	3122	X	\$18.04	=	\$56,320.88
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Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted with development/assembly of educational material, presentations, workshops.

Assist in planning/implementing access to care strategies with SD-KHAN.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
<u>250 dentists</u>	<u>800</u>		<u>\$85.00</u>		<u>\$68,000.00</u>
<u>50 dental hygienists</u>	<u>270</u>		<u>\$45.00</u>		<u>\$12,150.00</u>

No. Vol.	300	Total Hours	1070	Total Value	\$80,150.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Emergency and preventive dental care

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>88</u>	<u>3122</u>	<u>\$56,321</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>300</u>	<u>1070</u>	<u>\$80,150</u>

TOTALS:	388	Total Hours	4192	Total Value	\$136,470.88
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: Dental Supplies Value: \$500.00

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$500.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 480 X Rate \$35.00 **\$16,800.00**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 172 X Rate \$18.04 **\$3,102.88**

Hours 50 X Rate \$35.00 **\$1,750.00**

c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : Certificates (mailed) Cost: \$100.00

Item : Meeting Attendance Cost: \$2,653.00

Item : Printing Cost: \$30.00

TOTAL OF OTHER PROGRAM COSTS =

\$2,783.00 ✓

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$24,435.88

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d **\$136,470.88**

b. Total of Donations to Volunteer Program, Item 3 **\$500.00**

c. Subtract Total of program Costs, Item 4d **\$24,435.88**

TOTAL PROGRAM BENEFIT:

\$112,535.00

6. RECRUITING:

Please describe your recruiting programs:

Utilize interns from SDSU, VA & WIC Dietetic Interns and Southwestern College dental
hygiene students. SD-KHAN Comm. Collaborative Mtgs. are held on an on-going basis
for interested organizations/individuals.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Community based sealant/varnish dental clinics

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Same as 2005-2006

9. **GENERAL INFORMATION:**

Name of person completing report: Michelle Dearborn

Phone: (619) 692-8826 Mail Stop: P511H E-Mail: Michelle.Dearborn@sdcounty

Volunteer Coordinator: _____

Phone: _____ Mail Stop: _____ E-Mail: _____

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

7/14/06
DATE